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COUNTRY NOTE**

Burkina Faso

SUMMARY

The Executive Director presents the country note for Burkina Faso for a programme of cooperation for the period 2001 to 2005.

THE SITUATION OF CHILDREN AND WOMEN

1. Burkina Faso is a land-locked Sahelian country with an estimated population of 10.9 million inhabitants: 56 per cent aged 18 or under and 52 per cent women. The per capita gross national product is $310, and Burkina Faso occupies 172nd place among the 174 countries in the Human Development Index, making it one of the world's poorest countries. The country's development has sharp regional disparities. Burkina Faso has ratified the Convention on the Rights of the Child, and its initial report recommended, amongst other things, that the international community should support the administration of juvenile justice and the establishment of a satisfactory system for the collection of data on the

* E/ICEF/2000/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2000.

situation of children. Burkina Faso has also ratified the Convention on the Elimination of All Forms of Discrimination against Women. A sustained annual economic growth rate of 3.8 per cent over the past six years, relative political stability, vigorous grass roots, and a political commitment to decentralization and the 20/20 initiative provide a favourable framework for the programme of cooperation.

2. Although the infant and infant/juvenile mortality rates declined considerably between 1976 and 1998, from 167 to 105 and from 360 to 219 per 1,000 live births respectively, the situation of children and women remains very precarious. Malaria, acute respiratory infections, diarrhoeal diseases and malnutrition (which affect 29 per cent of children aged five and under) account for 75 per cent of child pathologies. The HIV seropositive rate for the whole population is estimated at 7 per cent and is rising. Only a quarter of the population consumes exclusively potable water, and only 17 per cent have latrines. The drop in the vaccination cover (from 47 to 31 per cent between 1995 and 1998 for diphtheria, pertussis and tetanus) and the decline in the use of the health units (from 32 to 18 per cent between 1986 and 1995) testify to the dysfunction of the health system. Despite an overall increase of 11 per cent since 1990, including 10 per cent for girls, the gross school attendance rate remains very low at 40 per cent, especially among girls (33 per cent) and exhibits wide regional disparities. Formal pre-school education begins at age three but it is a reality for only 1.8 per cent of children and takes no account of the vision of the integrated development of the young child. In 1993, 31 per cent of female adolescents aged 15 to 19 already had a child or were pregnant for the first time. As a result of the combined effects of poverty, increasing urbanization, and the break-up of the family, the numbers of reported cases of child neglect and juvenile delinquency are rising in urban areas. In Ouagadougou 159 minors were in prison in 1994, compared with 11 in 1990, and 3,730 children were living in the streets of the capital in 1997, as against 2,250 in 1990. More than 50 per cent of children aged 10 to 14 work, mostly in the informal sector.

3. Women have little access to the management of economic resources and find it very difficult to save, invest or obtain loans. Their productivity, like their level of qualifications, is low; 88 per cent of women were illiterate in 1995. The maternal mortality rate is estimated at 566 deaths per 100,000 live births. The direct causes of these deaths are haemorrhage, puerperal infections and dystocia. According to a 1996 survey, more than 66 per cent of the country's women are circumcised.

LESSONS LEARNED FROM THE RECENT EXPERIENCE OF THE PROGRAMME

4. The mid-term review revealed a number of achievements. The maternal mortality rate fell by 17 per cent in 18 months as a result of the "emergency obstetrical care" project at the Fada regional hospital. The establishment of 185 satellite schools enabled 27,600 children to attend school, thus contributing to the 4 per cent increase in the total attendance rate (2 per cent for girls) between 1996 and 1998. The 1996 evaluation showed that pupils perform better in the satellite schools than in the traditional system. The reasons for this success are the use of national languages, geographical and

cultural proximity, and community participation. Since 1997 a satellite school experiment at Bisongo has been operating a comprehensive project for children aged three to six. The water/sanitation programme established intersectoral collaboration with the education programme by drilling wells and building school latrines; this has helped to cut the incidence of dracunculiasis by 40 per cent in nine districts where it is endemic, but without eradicating it. The network of women community leaders has provided training for almost 53,000 women in health, nutrition, hygiene and women's rights. The battle against the practice of circumcision has been a keynote activity of the programme. Participation by children in the analysis of their problems was begun with the creation of a Children's Parliament. The multiple indicator cluster survey (MICS) carried out in 1996 proved a reliable evaluation tool and will be repeated in 2000.

5. The mid-term review also revealed the existence of over-ambitious goals poorly adapted to the country's situation and out of proportion with the available resources. Joint activities and greater intersectoral collaboration have been introduced in the country's poorest regions since 1996 in order to improve the impact and efficiency of the programmes. Operational support for health units has been introduced in the Fada and Tenkodogo regions. The quality of the teaching in the satellite schools has been improved with a view to the copying of this system in other regions. Following the recommendations of the Committee on the Rights of the Child, the conditions of the detention of minors in Ouagadougou prison have been improved.

PROPOSED COUNTRY PROGRAMME STRATEGY

6. The preparation of the programme of cooperation for 2001-2005 began in September 1998 with the conduct of the mid-term review, which was followed by an updating of the situation analysis using the rights and gender approaches. Most of the people and partners involved in the programme took part in the strategy meeting, which secured a consensus on the programme's future directions, within the framework of the National Development Plan and the UNICEF medium-term plan and Global Agenda.

7. The programme of cooperation will address the fight against poverty, the improvement of the living conditions of children and women, and the exercise of their rights. Between now and 2005 the programme will make the following contributions within the area of intervention: (a) improving the welfare and the chances of survival of children and women in Burkina Faso by cutting the infant/juvenile mortality rate by 20 per cent, maternal mortality by 20 per cent, and water- and environment-borne diseases; (b) enhancing the development of children and women by imparting essential knowledge and skills, in particular by increasing the gross school attendance rate of children aged seven to 14, including girls, and creating a favourable environment for the development of children aged eight and under and adolescents; and (c) supporting the efforts of the Government and civil society to develop a culture of law, implementing the rights of children, adolescents and women, and introducing specific social-protection measures for particularly disadvantaged groups.

8. The programme of cooperation will have a triple goal of consolidating or extending the achievements of past cooperation and making innovations in certain

priority areas, especially the fights against HIV/AIDS and malaria. It will have five main strategic axes: (a) delivery of services by improving the geographic and economic access of the recipients to good-quality basic services; (b) increased national capacity-building, in particular through decentralization, improved planning and monitoring and evaluation (by implementing an integrated monitoring and evaluation plan), and upgraded decentralized information and data-collection systems; (c) empowerment of participants by establishing innovative participatory approaches at the grass-roots level, and especially by involving children and adolescents in the analysis of their problems and the promotion of their rights; (d) advocacy and communication in support of the programme to ensure that the best interests of the child are taken into account in the reform of the social sectors and in the Education Sector Investment Programme and to mobilize the additional resources needed for implementing the programme of cooperation; and (e) strengthening the partnerships with institutions such as Save the Children Federation and creating new alliances with partners capable of relaying the UNICEF activities to the regions outside the programmes's basic area.

9. The programme will also be part of the new initiative for the preparation by 2000 of a common country assessment and the United Nations Development Assistance Framework (UNDAF), on the basis of the existing joint programming in health and education.

10. The 2001-2005 programme will include four sectoral and three cross-cutting programmes. In addition to supporting national activities, the programme will have a common priority area for the whole United Nations system, covering 11 provinces in the north and east of the country and 21 per cent of the population. This choice reflects a concern for equity and is justified by very low school attendance rates and social/health indicators and by a high poverty level. Selective support will however be maintained in some provinces outside this area. The intersectoral collaboration and joint activities will be based on the programme's entry points, which are basic education and protection of children. The strengthening of the decentralized State agencies, coordinated by the provincial planning offices, and the revitalization of the network of women community leaders will be initiated in two provinces in the priority area.

11. In the spirit of the Bamako Initiative, the health programme will help to improve the accessibility, use and quality of primary health care and emergency obstetrical care in three health regions in the priority area by delivering a minimum package of activities and revitalizing the health units and through grass-roots participation. At the national level the programme will support the expanded vaccination programme, the efforts to combat HIV/AIDS, especially transmission from mother to child, the promotion of micronutrients, and the improvement of the health information system.

12. In the priority area the basic education programme will help to improve the school attendance rate of children aged seven to 14, especially girls, increase the rate of cover of children aged three to six, and increase the enrolment of the 9-15 age group in the informal education schools from 1,200 to 5,000. The programme will stress the quality, efficiency and yield of basic education and the transition to the traditional system. The education of parents will

facilitate implementation of an integrated and multisectoral approach which will enhance the development of children aged eight and under.

13. The water, sanitation and environment programme will help: (a) to upgrade the conditions of health, hygiene and access to drinking water for 60,000 families in the priority area; (b) to provide latrines and a drinking-water supply in 100 per cent of the satellite schools and informal schools, as well as latrines in 100 per cent of the public schools targeted by the programme; and (c) to halt the transmission of dracunculiasis by 2000 and eradicate it by 2005.

14. The programme on the legal and socio-economic protection of children and women will facilitate: (a) the application of national legal instruments offering assistance and protection for children, adolescents and women; and (b) the implementation of special protection measures for vulnerable groups such as disadvantaged women, minors in prison, street children, and orphans of parents dead of AIDS. The fight against the practice of circumcision will retain a priority place in the programme.

15. By implementing an integrated plan of support through communication the advocacy and communication programme will help to promote knowledge about and the application of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women and encourage changes in behaviour that will favour the survival, harmonious development and protection of children and women in Burkina Faso.

16. The social planning, monitoring and evaluation programme is designed to ensure the annual planning of the programme of cooperation and its regular monitoring and evaluation, as well as providing the documents on its implementation, to promote research in the key areas affecting children and women, to consolidate the decentralized information systems, to contribute to the preparations for emergencies, and to monitor the application of the Conventions.

17. The intersectoral support programme will contribute to the implementation of the programme of cooperation by meeting the intersectoral personnel and training costs.

BUDGET ESTIMATE

Estimate of the cost of the programme of cooperation, 2001-2005 a/
(in thousands of United States dollars

	Other resources	Other resources	Total
Health	3 400	7 100	10 500
Basic education	2 980	7 150	10 130
Sanitation, drinking water and environment	3 000	2 050	5 050
Legal and socio-economic protection	3 300	1 800	5 100
Advocacy and communication	2 480	450	2 930
Social planning, monitoring and evaluation	2 000	450	2 450
Intersectoral support	1 980	-	1 980
Total	19 140	19 000	38 140

a/ These figures are indicative and subject to change once the aggregate figures are known.